



FOR INTERNAL PARTNERS

Frequently Asked Questions

PARTNERSHIP for PEDIATRIC CARE

Q: How does the Partnership for Pediatric Care help both public hospital systems?

A: A nationwide decrease in pediatric services due to difficulties in maintaining overhead costs have significantly impacted inpatient and outpatient services. The Partnership is necessary to maintain viability in a competitive pediatric market. Under the Partnership, the two public healthcare institutions is developing a model of care that supports population health for patients with publicly financed health insurance. Both systems integrate some components of their pediatric services and leverage each other's unique, clinical strengths to provide access and delivery of quality care to children of Cook County and Chicago.

The Partnership is creating healthcare efficiencies by bringing providers together to deliver quality care in a more accessible, efficient way. Major advantages include zero monetary cost for both institutions as services are exchanged at a fair market value. It is reducing healthcare costs and advancing innovations in population health for children throughout Illinois. The Partnership is generating more revenues that can be reinvested into our communities.



Dr. Mope Akintorin, System Chair of Pediatrics at Cook County Health, and Dr. Benjamin Van Voorhees, Head of Pediatrics at UI Health.

Q: How can the Partnership develop a highly accessible care system that supports the children and families of Chicago?

A: The Partnership is improving developmental and health outcomes for children by efficiently sharing expertise, best practices, and resources in key pediatric specialty and subspecialty areas. There is the sharing of clinics and calls, as well as collaborative inpatient rounding. The Partnership provides for a seamless transfer of patients between both hospitals so that patients can continue with the same team of physicians. There will be better control/maintenance of chronic pediatric health care conditions. Patient care is convenient because hospitals and clinics are in geographic proximity. Mutual credentialing of physicians is being accomplished..

Q: What are the shared pediatric subspecialties?

A: Our list of pediatric subspecialties:

Adolescent medicine	Developmental pediatrics	Medical genetics	Physical medicine/ rehabilitation
Allergy	Emergency medicine	Neonatology	Plastic surgery*
Biochemical genetics	Endocrinology	Nephrology	<i>*not all insurance plans accepted</i>
Cardiology	Family medicine	Neurology	Pulmonology
Child advocacy	Gastroenterology	Neurosurgery	Rheumatology
Child psychology	General pediatrics	Oncology	Sleep medicine
Craniofacial surgery	Hematology	Orthopedics	Urology
Critical care	Hospital medicine	Otolaryngology	
Dentistry	Infectious diseases	Pediatric surgical services	

Shared services are attracting new patients. There is joint inpatient rounding in Critical Care and Infectious Disease. Child Abuse subspecialty consultations are provided at both sites. Plans are underway to share additional medical and surgical specialties.

Q: How will physicians benefit under the Partnership?

A: The benefits of the Partnership are found at multiple levels. This collaboration is upholding our shared mission of (1) providing specialized pediatric care and resources to our diverse and vulnerable population and (2) reducing healthcare disparities in our communities.

Physicians expand their breadth of practice as they encounter a variety of pediatric care and management throughout both systems. Physician work-life balance and satisfaction improve through the sharing of specialty calls and clinics.

Subspecialists share facilities and collaborate on joint quality improvement, educational, and research programs.